## BEST AVAILABLE COPY

DATENT	ADDI	ICATION.		DETERMINA	MOLTA	BECORD
PAIPNI	APPL	ICATION	rrr	DEIPRININA		DECURU

Effective October 1, 2001

Application or Docket Number

219 40 neg

		CLAIMS AS	• Column		(Colu	mn 2)		MALL EN		OR	OTHER SMALL	
TOTAL CLAIMS		46					RATE	FEE	[	RATE	FEE	
FO	R		NUMBER	FILED	NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			40 minus 20=		* 20			X\$ 9=		OR	X\$18=	330
INDEPENDENT CLAIMS			minus 3 =		* 4			X42=		OR	X84=	334
MULTIPLE DEPENDENT CLAIM PF			RESENT		-		•	+140=		OR	+280=	
* If the difference in column 1 is le			less than ze	ero, enter	r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	1436
CLAIMS AS AN			MENDED - PART II			-				OTHER	THAN	
				(Colur		(Column 3)		SMALL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A	r,e	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CL AINA	=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM			+140=		OR	+280=	
							L	TOTAL		OR	TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	,	ADDIT. FEE			ADDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T 01 4114	=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		ا ل	+140=		OR	+280=	
							l	TOTAL	-	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDII. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=	
\ME	Independent	*	Minus	***		=	11	X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM		ן ע					
*	If the entry in colu	ımn 1 is less than	the entry in col	umn 2 writ	te "O" in co	olumn 3		+140=		OR	+280=	
##	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE											
		mber Previously P						und in the ap	propriate bo	x in c	olumn 1.	